

Massachusetts **Department of Mental Health**

ANNUAL REPORT
FISCAL YEAR 2015



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MISSION, VISION, AUTHORITY

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MISSION

MISSION

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health is an essential part of healthcare, the Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

VISION

VISION

Mental health care is an essential part of healthcare. The Massachusetts Department of Mental Health, as the State Mental Health Authority, promotes mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives.

AUTHORITY

AUTHORITY

Massachusetts General Law: Chapters 19, 123

“The Department shall take cognizance of all matters affecting the mental health of the citizens of the Commonwealth.”

Regulations: 104 CMR

DMH is also authorized/required to:

- Approve MassHealth prior authorizations on psychotropic drugs
- Add new diagnoses to the Mental Health Parity statute
- Monitor the Department of Correction – Segregated Units
- Monitor the Houses of Correction – Step-down Units

WHAT WE DO

DMH is a person and family-centered agency with the goal of involving people with lived experience and their families to support people recovering from mental illness by following their own individual paths. DMH provides consumers and families with services and supports for successful community living that includes social connections, physical and mental health, employment, education and above all, personal choice in the path to recovery.

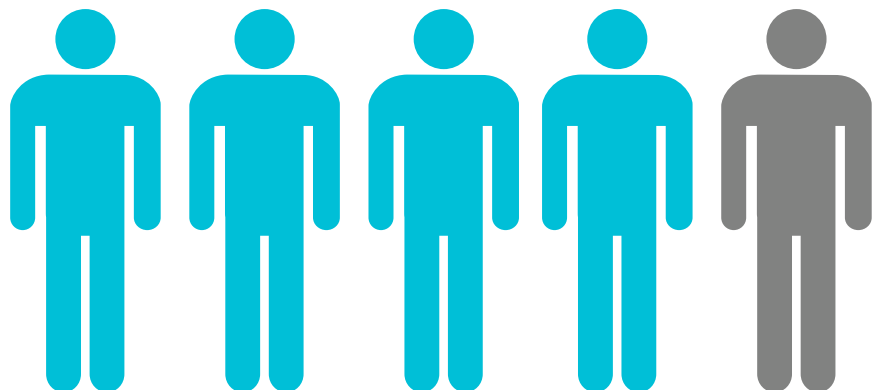
General Responsibilities

- Operates the state psychiatric facilities
- Funds an extensive community service system for qualifying adults and children
- Licenses all private psychiatric facilities and units of general hospitals, as well as community mental health programs providing residential services
- Establishes standards of care
- Provides mental health training and research
- Promotes recovery and self-determination
- Protects human rights

1 in 5 Americans

has a diagnosis of
mental illness

4 of 10 leading
causes of disability
in the U.S. and other
developed countries
are mental disorders



SERVICES

DMH Services Description

Services available to all ages

Inpatient/Continuing Care System	DMH-operated psychiatric inpatient facilities: two psychiatric hospitals; psychiatric units in two public health hospitals; five community mental health centers that promote treatment, rehabilitation and recovery.
DMH Case Management	State-operated service that provides assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
Emergency Services (ESP)	Mobile behavioral health crisis assessment, intervention, stabilization services, 24/7, 365 days per year. Services are either provided at an ESP physical site or in the community.
Homelessness Services	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
Forensic Services	Provides court-based forensic mental health assessments and consultations for individuals facing criminal or delinquency charges and civil commitment proceedings; individual statutory and non-statutory evaluations; mental health liaisons to adult and juvenile justice court personnel.

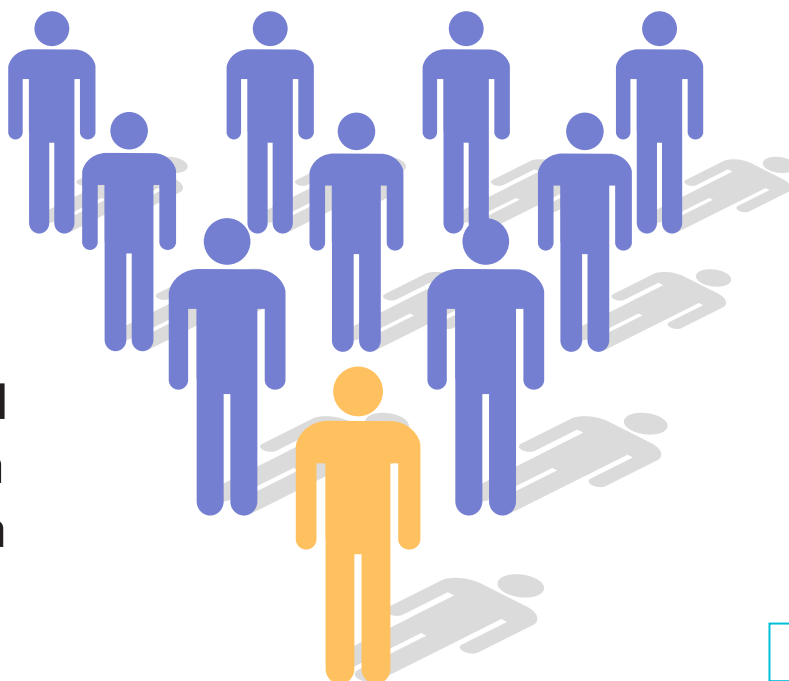
Services available to adults

Community Based Flexible Supports (CBFS)	The DMH community service system: Rehabilitation, support, and supervision with the goal of stable housing, participation in the community, self management, self determination, empowerment, wellness, improved physical health, and independent employment.
Respite Services	Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.
Program of Assertive Community Treatment (PACT)	A multidisciplinary team approach providing acute and long term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served.
Clubhouses	Clubhouse Services provide skill development and employment services that help individuals to develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment.
Recovery Learning Communities (RLCs)	Consumer-operated networks of self help/peer support, information and referral, advocacy and training activities.

Services available to children and adolescents

Caring Together	A broad array of services for youth who meet DMH clinical criteria for out-of-home/residential-level of care; includes intensive community-based services with out-of-home treatment services available as needed; community-based, Department of Early Education and Care-licensed group home residences; and, residential school placements for youth with the most intensive and complex mental health needs who require integrated educational and clinical services in a highly structured, out-of-home environment
Day/Therapeutic After-School Programs	Highly structured therapeutic milieus that offer treatment, symptom management and behavior management training, social skill development, and recreation for DMH youth.
Intensive Residential Treatment Programs (IRTP and CIRT)	Services provided in locked 24 hour programs with on-site schooling for adolescents who meet the Commonwealth's commitment criteria but who do not require hospital level of care.
Individual and Family Flexible Supports	An individualized set of services designed to prevent out-of-home placement, maintain the youth with his/her family, help youth function successfully in the community, and assist families in supporting the growth and recovery of their child. Services include home-based family support, therapeutic mentoring, youth support groups, respite, and flexible funding.

More than **90%** of DMH clients receive services in the communities in which they live and work.



STRUCTURE

Organizational Structure

In Massachusetts, responsibility for providing public mental health services falls under the umbrella of the Executive Office of Health and Human Services (EOHHS). The Department of Mental Health (DMH) is one of 14 EOHHS agencies.

The DMH Central Office, located in Boston, has five divisions in addition to the Commissioner's office — Mental Health Services; Child and Adolescent Services; Clinical and Professional Services; Legal; and Management and Budget. DMH coordinates planning, sets and monitors policies and standards and performs generally applicable fiscal, personnel and legal functions.

DMH is organized into five geographic areas, each of which is managed by an Area Director. Each Area is divided into local Service Sites that provide case management and oversee an integrated system of state and provider-operated adult and child/adolescent mental health services. Citizen advisory boards at every level of the organization participate in agency planning and oversight. DMH allocates funds from its state appropriation and federal block grant to the Areas for both state-operated and contracted services.

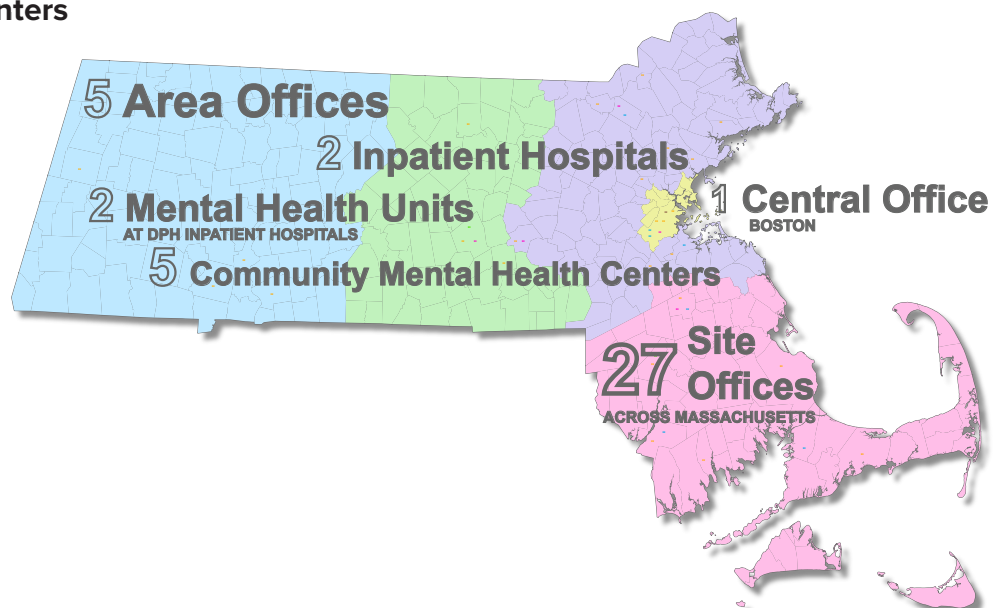
A total of 27 DMH Site Offices serve adults, children, adolescents and their families throughout the state.

The Department operates the following facilities

- Worcester Recovery Center and Hospital
- Taunton State Hospital
- The Hathorne Mental Health Units at Tewksbury State Hospital (Department of Public Health)
- The Metro Boston Mental Health Units at Lemuel Shattuck Hospital (Department of Public Health)

Community Mental Health Centers

- Pocasset Mental Health Center, Pocasset
- Massachusetts Mental Health Center, Boston
- Erich Lindemann Mental Health Center, Boston
- Solomon Carter Fuller Mental Health Center, Boston
- Corrigan Mental Health Center, Fall River
- Brockton Multi-Service Center, Brockton



FY15 OVERVIEW

FY15 OVERVIEW

DMH AT A GLANCE

\$693 million spent in FY 15

More than **3,000** employees statewide

26,000 individuals (Calendar year 2015, unduplicated) approved or formally authorized for DMH services in the community or inpatient setting

5,908 new applications for service authorization (calendar year 2015), of which **2,068** were approved

5 geographic areas, **27** Site Offices

561 contracts with **170** private vendors

2 State Psychiatric Hospitals

Worcester Recovery Center and Hospital, Taunton State Hospital

1 Mental Health Center with Continuing Care Inpatient Beds

Solomon Carter Fuller Mental Health Center

2 Mental Health Centers with Acute Inpatient Beds

Pocasset Mental Health Center, Corrigan Mental Health Center

2 Mental Health Centers with no inpatient beds

Brockton Multi Services Center, Massachusetts Mental Health Center

2 Mental Health Inpatient Units at DPH Hospitals

Tewksbury State Hospital, Shattuck Hospital

LEADERSHIP

DMH Leadership FY2015

The Department of Mental Health Senior Leadership Team shapes the work of the agency by drawing on a wealth of experience and commitment to our mission.

The Senior Leadership Team ensure DMH's success by understanding DMH stakeholders and the people served by DMH; keeping an eye on the future of Mental Health Services.



Joan Mikula
Commissioner
(March 2-June 30)

Deputy Commissioner,
Child and Adolescent
Services (through March 1)



Marcia Fowler, Commissioner (through March 1)



Clifford Robinson
Deputy Commissioner, Mental Health Services



Kathy Sanders, M.D.
Deputy Commissioner, Clinical and Professional Services



Patricia Mackin
Deputy Commissioner, Management and Budget



Lester Blumberg
General Counsel



Liam Seward
Chief of Staff

PRIORITIES

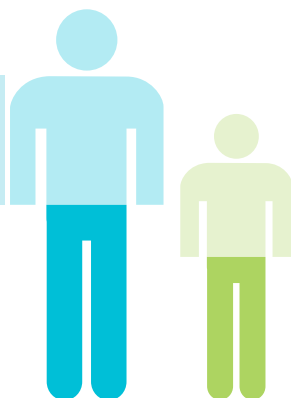
Strategic Priorities

DMH set out its Strategic Priorities for 2014 and beyond. Advancing the principles of Community First is high among these and DMH can best accomplish this by promoting mutual safety and respect through trauma-informed care. Emerging research demonstrates the high prevalence of trauma among individuals with serious mental illnesses. DMH has undertaken a systemic approach to implement several evidence-based practices throughout the service system, including the implementation of the Six Core Strategies®, a specific national training curriculum that focuses on leadership change and trauma-informed care to reduce the use of restraint and seclusion throughout the DMH inpatient system, improving safety for patients and staff and addressing the trauma histories of DMH clients. DMH has also provided Mental Health First Aid (MHFA) training to DMH-contracted vendors and to first responders throughout the service system. DMH's goal is to enhance community safety and access to mental health services by increasing community capacity to recognize, respond to, and provide early intervention to individuals in the community who are in emotional and/or psychiatric distress.

A wealth of data firmly establishes that 50% of chronic adult mental health conditions first present themselves in childhood and young adulthood. It is DMH's duty, as the state mental health authority, to interrupt the trajectory of mental illness on a systemic level whenever DMH can. The data also shows that adults with severe and persistent mental illness die 25 years younger than those in the general population. For the individuals DMH serves, this means an average life expectancy of 53 years of age. This is unacceptable, especially when causes of early mortality are primarily from preventable and treatable chronic physical illnesses. DMH has stepped up its response and action to this issue by focusing on developmentally appropriate mental health prevention and early intervention strategies for children and adolescents and increased health management activities for adults served by the Department. Smoking cessation, good nutrition and exercise are proven strategies to counter obesity, diabetes and cardiac conditions. And taking this a step further for the individuals DMH serves by training more than 100 DMH Peer Support Whole Health Coaches and Peer workforce members among DMH's contracted providers in the use of the recently released U.S. Substance Abuse and Mental Health Services Administration Whole Health Action Management curriculum. This program is designed to reduce health disparities among individuals living with mental illness, and to expand whole health training to all DMH Area, -Site Offices and facilities.

Adults with severe and persistent mental illness die 25 years younger than those in the general population

average life expectancy of
53 years



50%

of chronic adult mental health conditions first present themselves by age 14. 75% by the age 24

RESULTS

Because of the tireless work of DMH staff serving adults, youth and families living with serious mental illness, DMH has achieved many accomplishments including:

- Expansion of Jail Diversion programs across the state serving over 60 communities through 29 grants
- In collaboration with the Department of Veterans Services and the Trial Court, DMH expanded Specialty Courts across the Commonwealth
- DMH planned and developed a Section 35 program on the grounds of Taunton State Hospital for women to replace the program currently located at MCI Framingham. The program will open in 2016
- In collaboration with the Department of Children and Families (DCF), DMH launch of the Caring Together Family Partner Pilot: a parent peer support service to the parents/caregivers of youth receiving a DMH or DCF Caring Together Residential Service is being piloted in 12 sites and is designed to ensure continuity for youth moving between the MassHealth community service system and the Caring Together residential service system

Outcomes Measures of DMH Strategic Priorities

Child/Adolescent Services

Indicator: Recovery, Resiliency, and Positive Outcomes: Parent/Caregivers ability to manage their children's behavior

Measure: Percentage of respondent parents/caregivers who respond positively (agree/strongly agree) that a) they are better able to manage their child's behavioral challenges, and b) that their child is doing better in school.

Benchmark/threshold: 49%

Goal: 54%

Data: Massachusetts Family Member Consumer Survey data are collected from the census of 2,800 parents/caregivers of youth served by DMH. An alternate approach, using Department of Elementary and Secondary Education, Massachusetts Comprehensive Assessment System or Partnership for Assessment of Readiness for College and Careers data for youth served by DMH, introduces challenges with data access and reporting time lag.

Rationale: DMH services support the families' resiliency and recovery. This composite measure reflects the families' perceived ability to safely manage their child's behavior at home and in the community.

RESULTS

Outcomes Measures of our DMH Strategic Priorities continued

Clinical and Professional Services

Indicator: Effective, Trauma Informed Care: Continuing Care patients free of a Restraint and Seclusion incident.

Measure: Percentage Average Daily Census free of a Restraint and Seclusion incident, calculated as the number of persons reported to have one or more R/S incidents (numerator)/Average Daily Continuing Care Census (denominator); subtracted from 100%.

Benchmark: 90%

Goal: 92%

Data: The DMH Mental Health Information System (M.H.I.S.) and the Department of Public Health Hospitals Meditech System (Tewksbury and Shattuck).

Rationale: This measure was selected as reflective of evidence based, person centered and trauma informed care. The DMH Inpatient Governance Team has implemented a “Safety, Hope & Healing” training with direct care staff; shared best practices across facilities and assured standard quality improvement metrics.

Mental Health Services

Indicator: Recovery, Resiliency, and Positive Outcomes: Employment Measure Redevelopment Process: Collaboration with Community Service providers to plan and phase consistent reporting of clients’ employment status as an event across three service categories: Clubhouse Services (Clubhouse), Community Based Flexible Supports (CBFS) and Program for Assertive Community Treatment (PACT).

Benchmark (Clubhouse Only): 13% of Active Clubhouse Members Competitively Employed.

Target: 18% of Active Clubhouse Members Competitively Employed.

Benchmark: Baseline established for FY ’17

Data: DMH collects employment outcomes data from the three services, Clubhouse, CBFS and PACT, via separate applications. A subsequent measurement challenge arises as clients enroll in one service or more.

Rationale: Based on recommendations from a federal funder, the Substance Abuse and Mental Health Services Administration (SAMHSA), DMH supports employment data as an event. This is the current practice with Clubhouse Services. Further, to adjust for the impact of DMH clients’ advanced chronic illnesses, which impede employment, DMH supports limiting the measure denominator to enrolled clients aged 18–50.

A suggested timeline is:

- July 2015– begin collaborative meetings with CBFS and PACT providers
- September 2015– orient providers to the reporting methodology and definitions
- January 2016– begin collecting baseline data from CBFS and PACT
- July 2016– full implementation of employment event reporting for Adult Community Services (Clubhouse, CBFS and PACT)

SATISFACTION

2014 DMH Consumer Satisfaction Survey

The Systems and Psychosocial Advances Research Center (SPARC) at the University of Massachusetts Medical School (UMMS) carried out a survey of consumer and family member satisfaction for the Massachusetts Department of Mental Health (DMH). Surveying was conducted with adult consumers of mental health services, family members of children/adolescents receiving mental health services, and inpatient consumers at six DMH-operated or contracted hospitals to evaluate their satisfaction with services provided or contracted by the DMH. The research design adequately provided for a representative sampling thus resulting in a snapshot at a point in time of the levels of satisfaction and outcomes among persons and families who receive selected DMH services.

Below are some general findings and a summary of overall satisfaction from the three surveys.

The majority of **adults receiving CBFS services** report they are generally satisfied with CBFS (81%) and agree that CBFS provides quality service (77%). Three quarters of people also agree that CBFS provides services consistent with a person centered planning approach. Adults continue to report less satisfaction with the outcomes they are achieving (66%), their current functioning (67%) and the degree to which they feel connected in the community (62%).

POSITIVITY ABOUT GENERAL SATISFACTION IN 2014

INPATIENT 61%
Total Complete 185
Survey Response Rate 67.5%

Most **family members of youth** receiving DMH services (90%) report receiving quality services from DMH and 77% report that these services are provided in a family-centered manner. Families report less satisfaction with their child's functioning (50%) and outcomes (47%), with approximately half of families reporting improvement.

FAMILY 67%
Total Completed Surveys 193
Survey Response Rate 35.22%

In contrast, **adults receiving DMH inpatient services** report higher satisfaction with functioning (64%) and outcomes (66%) than with general satisfaction (61%) and quality services (54%).

ADULT CBFS 81%
Total Complete 1141
Survey Response Rate 28.56%

DMH is using the 2015 survey to better understand why adults and families are reporting these experiences.

To view the complete surveys visit www.mass.gov/dmh. Under **What We Do** click the **See All link** then click the **DMH Results and Reports link**. Links to the **Consumer and Family Member Satisfaction Survey Reports** are listed on the page.

	Inpatient	CBFS	Family of Youth
General Satisfaction	61%	81%	67%
Functioning	64%	67%	50%
Social Connectedness	67%	62%	73%
Access		75%	63%
Quality and Appropriateness	54%	77%	90%
Treatment Outcomes	66%	66%	47%
Person-Centered Planning	60%	76%	
Family-Centered Planning			77%

HIGHLIGHTS

Organizational Changes and Transitions

The Department continues to learn a great deal about the operational and administrative needs of all of its unique Areas and communities in the Commonwealth. This helped in developing a thoughtfully considered plan to divide the Central-West Area back to its original Central Mass and Western Mass Areas. Effective July 1, 2014, the Area configuration for the Department is: Metro Boston; Southeast; Central Mass; Western Mass and Northeast-Suburban. The reorganization addressed the unique characteristics of Central Mass and Western Mass Areas and created a more effective and responsive statewide structure to best deliver services to the adults, children, adolescents and families that rely on DMH every day.

On August 25, 2014, Susan Sciaraffa was named the DMH Central Massachusetts Area Director. Ms. Sciaraffa, who served as the Director of Community Services for Central Massachusetts for 12 years, is a seasoned and highly respected professional with deep roots in the region's service system. She has a comprehensive understanding of the DMH continuum of care, both in the Area and across the state. During her tenure with the Department, she has forged productive and effective relationships with DMH and provider staff as both a direct care worker and a manager.

The Department extends its appreciation to Susan Sprung, DMH Western Massachusetts Area Director, for overseeing the very large central and western regions of the Commonwealth. She provided the leadership that maintained consistent operations and administration of the former Central-West Area.

On March 2, 2015 Executive Office of Health and Human Services (EOHHS) Secretary Marylou Sudders appointed Joan Mikula, the Department's Deputy Commissioner of Child and Adolescent Services to the role of DMH Interim Commissioner. Joan Mikula was appointed DMH Commissioner by Secretary Sudders on May 12, 2015.

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Scan the QR code below to sign up to receive our DMH Connections Newsletter and other DMH communications!



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DMH Connections
Channel

New DMH Logo and Community Conversations Initiative



In September 2014, DMH adopted a new logo and began a campaign called “Good Mental Health. It starts with a conversation.” And with this, DMH and Massachusetts joined the United States Substance Abuse and Mental Health Services Administration (SAMHSA) national conversation about mental health which was launched last year. Community Conversations are taking place across the country and last fall, DMH held its first conversation in Boston, drawing 150 people from all walks of life to talk about mental health issues. A Community Conversation toolkit developed by SAMHSA provides the resources for anyone to hold a conversation in their community. It includes a planning guide, a discussion guide and all the information and resources needed to start a dialogue, large or small. Conversations about mental health can take place at schools, churches, civic organizations, even among neighbors and friends. The goal is to get people talking in all 351 cities and towns in the Commonwealth.

DMH developed materials for the campaign and launched a new webpage dedicated to Community Conversations, www.mass.gov/dmh/conversations containing everything anyone needs to start a conversation in their community or with their group, including links to resources and updates on where conversations are happening across the Commonwealth. We are especially excited about the Department’s partnership with the Massachusetts Department of Transportation Office of Outdoor Advertising, which is providing space for DMH’s Good Mental Health campaign on 70 electronic billboards on highways across the state.



First-ever Summit Celebrates Young Adult Leaders of 2015

In collaboration with young adults, the Department of Mental Health Transition Age Young Adult (TAY) Initiative and the Success for Transition Age Youth/Young Adults (STAY) Grant hosted its first statewide Young Adult Summit “**Shaking It Up: Young Adult Peer Leaders Promoting Mental Health & Wellness**” on May 13, 2015 in Marlborough. The summit provided skill-building and networking opportunities for young adults, and celebrated and recognized their contributions and achievements as individuals with lived experience and how they impact and enhance the service system.



STAY Together Grant Key Accomplishments in FY 15

- Completed hiring, training and integration of the role of 18 part-time young adult peer mentors at 10 Community Service Agencies (CSAs)
- Approximately 50 young adults in the CSAs (ages 18–21) received one-to-one peer mentoring services
- Young Adults are active participants in CSA System of Care Meetings at all CSAs participating in STAY
- 22 CSA staff have become certified Achieve My Plan (AMP) coaches
- Gathering Inspiring Future Talent (GIFT) trainings for peer mentors and other young adults continue to support peer mentors in utilizing their lived experience with purpose and intent and other young adults in finding employment. In FY 15, 58 young adults completed the training and a group of 9 young adults were trained as trainers.

EXYO

Express Yourself 2015

DMH kids and Commissioner Mikula MOVE IT on Wang stage for 21st annual Express Yourself

For the past 21 years, Joan Mikula has championed Express Yourself (EXYO) and the youth served by all the programs and supports offered by the DMH Child and Adolescent Services Division. This year, as our new Commissioner, she made her first official EXYO stage appearance with Josiah Spaulding, Citi Performing Arts Center President and CEO; and Anita Walker, Executive Director of the Massachusetts Cultural Council as they welcomed the crowd and got the audience ready to MOVE IT! – the theme of this year's show.

The 21st Annual EXYO performance at the Wang Citi Theatre did not disappoint as more than 150 young talented stars from 14 DMH supported youth programs showcased their year-long engagement of creativity in the visual and performing arts. Special guests this year included Jared Mason of the Million Dollar Quartet; Literary Performer Noni Mason; poet Reggie Gibson; the Boston Children's Chorus; Pingree Spectrum; and STOMP. Ten 31 Productions intertwined their "POP! people," moving birch trees and giant butterflies throughout the show.

DMH congratulates the EXYO kids for another outstanding show and especially founders and co-directors of Express Yourself Paula Conrad and Stan Strickland. There are many supporters, partners and volunteers who make this special event a night to remember for the amazing young people--we salute you!



Use this link <https://youtu.be/yxJrTzHqATo> or Visit the DMH Connections Channel on YouTube to watch Commissioner Mikula "Move It" with Joe Spaulding and Anita Walker



LEGISLATIVE

DMH Citizens Legislative Breakfast Series 2015

Mental Health Matters! Community Conversations Continue with DMH 2015 Legislative Breakfast Series

Mental Health Matters! was the theme for the 2015 DMH Legislative Breakfast Series which was held for all five DMH areas of Massachusetts. The events are an opportunity for members of the mental health community to meet with their legislators, thank them for their support and discuss how DMH helps people with mental illnesses recover and live satisfying lives in the communities of their choice. They are also an opportunity for consumers and family members to share good news and success stories about their life experiences.

Here are a few highlights from this year



Representative James J. O'Day (D-West Boylston & Worcester) sponsored the Central Mass Breakfast on March 27, 2015. He is the Chairman of the House

Committee on Municipalities and Regional Government. He was a strong supporter in the development of the Worcester Recovery Center and Hospital.



Representative Jose Tosado (D-Springfield) sponsored the Western Mass Citizens Legislative Breakfast on March 20, 2015. He serves on the Committees on Mental Health and Substance Abuse & Financial Services. As the former DMH Site Director in Springfield, Representative Tosado has brought his passion, experience and leadership to his new position.

View photos from all of the breakfasts on our Flickr site



Dawn Ludwig and her daughter Joy shared their emotional family story. With the help of her DMH case manager Judy and the JRI programs of Cohannet Academy and Glen Haven Academy, she received mentoring from the My Life My Choice program. Joy has been able to overcome PTSD and substance abuse. "When her case managers at DMH stepped in, they connected us with resources that we needed to get the help that we needed. That made all the difference," said Dawn. "DMH gave me back my life, they saved my life, they saved my family."



Use this link <https://www.youtube.com/playlist?list=PLGB0oZ9YOLGeSEIINGRNfeA-LWfoYJjlo> or Visit the DMH Connections Channel on YouTube to watch personal recovery stories from persons with lived experience and their family members



CBH Knowledge Center Symposium and Gailanne Reeh Lecture

EOHHS Secretary Sudders “Imagines the Future of Children’s Behavioral Health” at 2nd Annual Knowledge Center Symposium



The Children’s Behavioral Health Knowledge Center hosted its second annual Symposium and Gailanne Reeh Lecture on May 6, 2015 at the Worcester Recovery Center and Hospital. Over 150 people attended the day-long event hosted in celebration of Children’s Mental Health Awareness Week.



Allison Metz, Ph.D.

The morning’s keynote speaker, Allison Metz, Ph.D, Co-Director of the National Implementation Research Network, discussed how the production of socially significant outcomes for youth requires not only the selection of interventions known to be effective, but deliberate attention to effective implementation strategies and an enabling context. Following Dr. Metz, panelists discussed the implementation of the Children’s Behavioral Health Initiative (CBHI), giving attendees the opportunity to hear how key concepts described by Dr. Metz played out with the implementation of the CBHI.



Secretary of Health and Human Services
Marylou Sudders

After lunch, attendees heard from Alicia Anzaldi, a young adult peer mentor at The Home for Little Wanderers Community Service Agency. Anzaldi told her personal recovery story describing her lived experience and journey to mental wellness and how it has informed her work as a peer mentor. Ms. Anzaldi also introduced this year’s Gailanne Reeh lecturer, Secretary of Health and Human Services, Marylou Sudders. Sudders speech, titled Imagining the Future of Children’s Behavioral Health, described a future behavioral health system that includes better integration of mental health, substance use, and physical health care services. She also described a future where more dollars are spent on prevention and early identification and treatment of mental illness and substance use in areas such as early childhood mental health, early psychosis identification, screening and treatment for moms with post-partum depression, supporting parents who have a mental illness during pregnancy and substance use prevention programs.



View photos from this event on our Flickr site

WaRM Center Integrates Primary Care, Wellness, and Behavioral Health Services at Massachusetts Mental Health Center



On September 30, 2014 EOHHS Secretary John Polanowicz joined MMHC staff for the WARM Center ribbon cutting

The Department of Mental Health and Brigham and Women's Hospital (BWH) began a unique public-private partnership in which BWH operates a primary care medical clinic at the Department's Massachusetts Mental Health Center (MMHC). The clinic is part of the Wellness and Recovery Medicine (WaRM) Center, a program focused on the integration of primary care, wellness, and behavioral health services

The onsite primary care clinic staff collaborates closely with each client's mental health team. Vision and dental services are available through local partnerships. In addition, center-wide wellness efforts include general health screenings and group therapy interventions for smoking cessation and enhanced nutrition and physical activity. Service delivery prioritizes engagement and education, allowing consumers to become informed and active partners in their healthcare.



View photos from this event on our Flickr site

Childrens Behavioral Health Worker Certificate Program Graduates First Class of 19

Training will reach 240 more staff in the next two years

Nineteen children's behavioral health workers became the first class to graduate from the new Childrens Behavioral Health Worker Certificate Program at ceremonies at The Urban College of Boston in October. The program offers college credit for students who are interested in or already employed as Family Partners or Therapeutic Mentors. Students earn nine college credits and a certificate as a community health worker specializing in children's behavioral health. The 120-hour internship has a \$10/hour stipend for students not yet employed. Deborah Fauntleroy and Martha Kingsbury led curriculum development as well as the course itself. The tremendous gratitude and respect of their students was evident at the graduation celebration.

CBH Workers are behavioral health professionals who bring community knowledge and life experience to engage, educate, coach and teach self-advocacy skills to parents and youth. Their purpose is to increase patient-centered care and improve the quality and efficiency of care. They are a specialized group of the broader Community Health Worker workforce. CBH Workers play a critical role in reducing health disparities. They engage families who might distrust the healthcare system or have linguistic or cultural barriers to accessing care; they provide a vital communication bridge between families and clinicians, psychiatrists, primary care doctor and others; they help families to communicate their values and beliefs that may impact their adherence to treatment plans; and they help healthcare professionals convey critical health information to linguistically and racially diverse youth and families.



PHOTO YEA





R IN REVIEW





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